

**INDIAN HEALTH SERVICE TRIBAL CONSULTATION AND URBAN
CONFER INPUT SUMMARY REPORT
FUNDING METHODOLOGIES FOR SEVEN IHS BEHAVIORAL HEALTH
INITIATIVES**

By letter dated May 21, 2024, the Indian Health Service (IHS) initiated Tribal Consultation and Urban Confer seeking recommendations on funding methodologies for seven IHS behavioral health initiatives currently distributed through grants.

During the open comment period, which spanned 62 days, from May 21, 2024, to July 22, 2024, the IHS hosted two virtual sessions to gather feedback. A Tribal Consultation session was held on June 18, 2024, and an Urban Confer session on June 20, 2024.

The IHS received a total of 19 written comments.

The IHS received a total of 19 letters from 4 Tribes, 6 Tribal Organizations, and 9 Urban Indian Organizations (UIO).

Summary of Input

The summary categorizes input received under the following headings: Grant Cycles, Distribution Methodologies; Reporting Requirements; IHS Staffing and Management, and Other.

Feedback generally expressed support for continuing the grants until the grant cycle is complete to hold current grantees harmless, while other comments indicated making immediate changes regardless of ongoing grant cycles. Some comments indicated that grantees who have Indian Self-Determination and Education Assistance Act (ISDEAA) agreements should have the option of how and when to receive behavioral health initiative funds.

Grant Cycles Comments:

- Allow current grantees be held harmless.
- Continue with grants until the grant cycle is complete.
- Allow current grantees who have ISDEAA agreements have the option to receive their current grant funds through their ISDEAA agreements.
- IHS should immediately apply self-determination policies to the behavioral health initiative funding mechanisms starting in FY 2025 regardless of ongoing grant cycles.

Distribution Methodologies Comments:

- The current grant mechanism requires a lot of work for Tribes. Recommend to no longer retain funds to support management at Headquarters.
- The funds distributed should include the administration and technical assistance funding.
- Distribute funds through compacts and contracts. Utilize existing Tribal share methodologies and base on population.

- Distribute funds to each Area and allow the Area, Tribes, and Tribal organizations to determine how the funds are distributed.
- Ensure noncompetitive program awards across the IHS, Tribal, and Urban Indian Organizations.
- Consider developing a funding methodology similar to the Special Diabetes Program for Indians National Funding Formula, which was developed to avoid competition for funds and reduce barriers to access.
- Funds should continue to be distributed through a grant mechanism. This ensures Urban Indian Organizations funding.
- Funding should be based on existing Tribal shares and not on areas of highest need for each particular initiative.
- Recommend using the national distribution methodology which takes into consideration Tribal size, user population, poverty rates, and local impacts of opioids and fentanyl.
- Recommend to keep current formula base for funding each Tribe receives considering more funding using Tribal population, local rates of mental health issues, and the mental health treatment needs of each Tribal Nation. These factors should be determined through Tribal Consultation.
- Take legislative and administrative steps to consolidate behavioral health grant funds for IHS-operated facilities and Tribal Health Programs. Distribute funds to each Area using the existing distribution methodologies for the specific IHS account (i.e., Mental Health, Alcohol and Substance Use, Hospitals and Health Clinics) but ensure the amount for each Area allows adequate funding allocations (at least \$400,000 for each award).

Reporting Requirements Comments:

- Allow Tribes to negotiate reporting requirements.
- Ensure funding reform for programs don't create additional reporting requirements.
- Utilize a national portal to report requirements.
- Ensure administrative duties related to fulfilling any reporting requirements associated with the grant programs are not burdensome and account for requirements funding these grants.
- Reporting should be voluntary. No other data should be required from Tribes except their annual audits.

IHS Staffing and Management Comments:

- Concerns were raised about holding back a percentage of funds for management at the national level.
- Allow the option to receive funds through ISDEAA agreements so Tribes can collect contract support costs to cover administrative costs. Allow flexibility to use the funds to meet the unique needs of each Tribal Nation.
- Consider withholding less administrative funds at the Headquarters level.

Other Recommendations:

- Continue to host UIO Confer sessions for distributing appropriated funding for behavioral health initiatives.
- Consider partnership with the Substance Abuse and Mental Health Services Administration to provide substance abuse treatment to non-Native family members who live with Native people.
- Support the development of youth residential treatment centers at UIOs by providing technical assistance to UIOs interested in developing programs and ensuring grant funding can support programs.
- Individual clinics should be given maximum flexibility on how to invest behavioral health resources to address their clinic needs. Flexibility should allow recipients to spend money on infrastructure, programming, or administrative costs based on need, and should also offer the maximum amount of time regarding when the money should be spent.
- Recommends IHS form a workgroup to evaluate how the current process is working and how it can be adjusted into a formula-based model for those Tribal governments who wish to receive these funds through their ISDEAA agreements.
- Conduct Tribal Consultation at the Area Level to allow Tribes to determine distribution methodology appropriate to their Area and need for the consolidated funding.
- Smaller Tribes that are not able to access IHS Behavioral Health Initiatives Funding through the current grant mechanism would benefit from any funding.
- Limited support from IHS to address behavioral health issues is preferable to no support.
- The burden of applying for these resources and reporting throughout the grant period are disproportionate to the little amount of funding awarded.